

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Granite State Solutions		FEC IDENTIFICATION NUMBER ▼ C C00580381	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Main Street Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address PO Box 25093		Amount 2275095.15	
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.4151
Purpose of Expenditure Media Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2016
Name of Federal Candidate MARGARET WOOD HASSAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2775452.65		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee RSM		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 1702 E Highland Ave Ste 408		Amount 2000.00	
City Phoenix	State AZ	Zip Code 85016	Transaction ID : SE.4152
Purpose of Expenditure Media Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2016
Name of Federal Candidate MARGARET WOOD HASSAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2789412.65		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2277095.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 07 / 2016

Signature